# #9

#### OFFICE OF THE MAYOR



JOE A. SMITH

MAYOR

mayor@nlr.ar.gov

PHONE (501) 975-8601 FAX (501) 975-8633

#### CITY HALL P.O. BOX 5757 NORTH LITTLE ROCK, ARKANSAS 72119-5757

website: www.nlr.ar.gov

#### **MEMORANDUM**

TO:

Members of the North Little Rock City Council

FROM:

Glinda Craigmyle 🚜

DATE:

June 6, 2016

SUBJECT:

Alcoholic Beverages Permit Request

For your information, I have enclosed a copy of the *Assignment* and *Comments of Officials* form from the State of Arkansas, Alcoholic Beverage Control Division.

The following applicant has applied for an off premises retail beer & small farm winery permit with a change of manager from, Marty Walter:

Laura A. Picklesimer Corner Store #1795 9723 Maumelle Blvd. North Little Rock, AR

Please note the 15 day comment period referred to in the final paragraph of the *Comment* page.

Thank you.

Attachments

DATE 6-7-14

Diane Whitbey, City Clerk and Collector
North Little Rock, Arkanias

PROFIVED by

### **ASSIGNMENT**

D6J003=D6L013



. ...... .... ... ...

Date Received: 05/23/2016 Date Assigned: 06/01/2016

Applicant: LAURA A. PICKLESIMER D.O.B: 04/20/1968

Green Card Number (Permanent Resident Alien):

Home Address: 15 Fairfield Drive, North Little Rock, AR, 72120

Home Phone: Business Phone: 501-352-3233 Cell Phone: 501-612-4208

Trade Name: CORNER STORE #1795

Former Trade Name: CORNER STORE #1795

Business Address: 9723 Maumelle Blvd., North Little Rock County Pulaski

Type Of investigation: Retail Beer off Premises & Small Farm Wine - Change of Manager from

Marty Walter

00795

Dancing, if requested:

Comments / Remarks :

Copies Of Assignment and Comment Form Mailed to:

Mayor Joe Smith & City Council

Michael Davis, Chief of Police

Doc Holladay, Sheriff

Larry Jegley, Prosecuting Attorney

Assigned to Investigator:

Stockholders / Partners / LLC Members:







## Change Of Manager / Additional Stockholder(s) / Partner(s) Application

Permit Holder: MARTY WALTER

Permit	t No T	rade Name of Business and Address	Business Phone	Contact Phone
0079	90	CORNER STORE #1795 9723 Maumelle Blvd., North Little Rock, AR, 72113	501-352-3233	
Home Address			w address change here	
		Conway, AR, 72034		
Mailing Address		D.O. D. 000007		
Email Address		Surrationio, 171, 10200-0001		
Pleas	se check	the appropriate ( Requested Change ) :		
Cha	ange Of	Manager		
Add	ditional S	Stockholder(s)		
☐ Add	ditional F	Partner(s)		
Please ch	neck applic	cable permits :		
Select		Permit Description	Fee	
X	Retail Be	er Off Premises	\$50.00	
X	Small Farm Winery - Retail		\$50.00	NO CASH
		Total Amount	: 100 04	
		nowledge the receipt of Instructions for Change Of Manager/Additi	onal Stockholder(	s) / Partner(s)
4/	15/	T b ate	Signature	your
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### ALCOHOLIC BEVERAGE CONTROL DIVISION COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: LAURA A. PICKLESIMER

TYPE OF APPLICATION: Retail Beer off Premises & Small Farm Wine - Change of Manager from Marty

Walter

**BUSINESS NAME:** CORNER STORE #1795

BUSINESS ADDRESS: 9723 Maumelle Blvd., North Little Rock, AR, 72113

DATE OF APPLICATION: 05/23/2016

NAME OF PUBLIC OFFICIAL:	
TITLE OF OFFICIAL:	
OFFICIAL MAILING ADDRESS:	
PHONE :	
SIGNATURE OF OFFICIAL:	DATE:
NAME OF AGENCY OR COURT:	
Do you have any objections to the issuance of this permit?	
	(Yes or No)
If yes, please explain your objections below:	

To ensure your comments are available at the time this application is considered by the Director, please complete and return this form to ABC Administration, 1515 West 7th Street, Suite 503, Little Rock, AR 72201, within fifteen (15) days of receipt. In compliance with the Freedom of Information Act, this Comment Form will become a matter of public record. Pursuant to ACA 3-2-103, a national fingerprint based background check will be, or has been, conducted. At ACICs request, do not run your own criminal history check through ACIC.

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